MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/605917	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76	Cancel					
27								77						
28								78						
29								79						
30								80						
31								81						
32								82	Cancel					
33								83						
34								84						
35								85						
36								86						
37								87						
38								88	Cancel					
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.	8					
TOTAL DEP.								TOTAL DEP.	24					
TOTAL CLAIMS								TOTAL CLAIMS	32					

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS